

# 2000 Annual Report

of the

State Human Rights Committee

To the

State Mental Health, Mental Retardation, and Substance  
Abuse Board

Presented to the State Board on March 22, 2001  
Charlottesville, Virginia

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## **MESSAGE FROM THE SHRC CHAIR and THE DIRECTOR OF HUMAN RIGHTS**

The year 2000 presented many challenges for the Office of Human Rights (OHR) and the State Human Rights Committee (SHRC). During this first year of the millennium many successes were celebrated as well. Overall, 2000 represented a year of collaborative efforts focused on ensuring client rights across the Commonwealth.

The efforts to develop new human rights regulations made considerable progress during 2000. The draft regulations were processed through the Administrative Process Act procedures, including the conclusion of the public comment period on February 4, 2001. New to the process this past year was a peer review conducted by agencies within the Health and Human Resources secretariat. This peer review was included as part of the review by the Office of the Secretary of Health and Human Resources.

The Department, State MHMRSAS Board, and SHRC were committed to ensuring that the draft regulations were available to all who wanted to have access to them and that the public hearings and public comment period were well advertised. Efforts to achieve this included the development of a **Consumer and Family Guide** and a **Notice of Public Comment** announcement. These were distributed to over 550 constituents across the state including, consumers, advocacy groups, CSBs, private providers and state facility staff. The draft regulations and all accompanying documents were also posted on the Department web site. It is estimated that the Office of Human Rights responded to over 500 requests for copies of the draft regulations.

The State Human Rights Committee and the Office of Human Rights would like to extend our gratitude and sincere appreciation to the members of the State Mental Health, Mental Retardation and Substance Abuse Board for all their efforts over the years toward the promulgation of new human rights regulations including serving as chairpersons for all the public hearings. The State MHMRSAS Board has shown inspired leadership and dedication to improving the protections of consumer rights in Virginia.

The Office of Human Rights, in conjunction with and support from several other offices in the Department, conducted a study of the Human Rights Advocates in response to Item #323 N of the FY 2000 Appropriation Act. The study is included in this report. This study is unique when compared to similar studies conducted by the OHR because it includes responses from over 660 consumers of mental health or substance abuse services and the interview responses from over 130 consumers of mental retardation services.

Resources were reallocated within the OHR this past year to reflect the increase in community providers and services. A sixth region was established under the supervision of a new Regional Advocate. This office has been established at Central Virginia Training Center and will include the addition of a new Licensing Specialist also. The region includes Lynchburg south through Danville.

Our sincere thanks to human rights staff and the many volunteers who serve on local human rights committees and to the members of the State Human Rights Committee for their tremendous efforts in support of the human rights program.

We take pride in the accomplishments of the past year, and look forward to the future, feeling confident that with dedicated staff, committed volunteers and the support of the Department and the State Board, we can succeed in making this program the best possible.

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James Harper, Chair  
State Human Rights Committee

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Margaret Walsh, Director  
Office of Human Rights

## OVERVIEW

The Department's Office of Human Rights, established in 1978, has as its basis the ***Rules and Regulations to Assure the Rights of Residents of Facilities Operated by Department of Mental Health, Mental Retardation and Substance Abuse Services*** and the ***Rules and Regulations to Assure the Rights of Clients in Community Programs Licensed or Funded by the Department of Mental Health, Mental Retardation and Substance Abuse Services***. These Regulations outline the Department's responsibility for assuring the protection of the rights of consumers in facilities and programs operated, funded and licensed by DMHMRSAS.

Title 37.1-84.1, Code of Virginia (1950), as amended, and the Office of Human Rights assure that each consumer has the rights to:

- Retain his legal rights as provided by state and federal law;
- Receive prompt evaluation and treatment or training about which he is informed insofar as he is capable of understanding;
- Be treated with dignity as a human being and be free from abuse and neglect;
- Not be the subject of experimental or investigational research without his prior written and informed consent or that of his legally authorized representative.
- Be afforded the opportunity to have access to consultation with a private physician at his own expense;
- Be treated under the least restrictive conditions consistent with his condition and not be subjected to unnecessary physical restraint or isolation;
- Be allowed to send and receive sealed letter mail;
- Have access to his medical and mental records and be assured of their confidentiality;
- Have the right to an impartial review of violations of the rights assured under this section and the right to access legal counsel; and
- Be afforded the appropriate opportunities... to participate in the development and implementation of his individualized service plan.

The State Human Rights Committee's function is to ensure the protection of the legal and human rights of consumers who receive services in programs or facilities operated, funded or licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services, and to ensure that services are provided in a manner compatible with human dignity and under the least restrictive conditions consistent with the consumer's needs and available services. The SHRC has the responsibility of monitoring and evaluating the implementation and enforcement of the ***Rules and Regulations to Assure the Rights of Residents of Facilities Operated by DMHMRSAS*** and the ***Rules and Regulations to Assure the Rights of Clients in Community Programs*** promulgated pursuant to § 37.84.1 of the Code of Virginia, as amended.

The State Human Rights Committee:

- Receives, coordinates, and evaluates any suggested revisions of the Regulations;
- Reviews DMHMRSAS policies, instructions and standards to ensure the protection of consumer rights and makes recommendations concerning revisions;
- Reviews the scope and content of the training programs designed to promote responsible performance of duties by employees, advocates and the Local Human Rights Committees;

- Monitors and evaluates the implementation and enforcement of regulations;
- May recommend to the Commissioner guidelines or opinions concerning the interpretation of the human rights regulations;
- Grants or denies variances in accordance with the Regulations;
- Appoints Local Human Rights Committee (LHRC) members;
- Reviews decisions of the LHRC and (if appropriate) holds fact-finding conferences, making recommendations to the Commissioner regarding alleged rights violations; and
- Approves Human Rights Plans.

## **MISSION STATEMENT**

The Office of Human Rights assists the Department in fulfilling its legislative mandate under § 37.1-84.1 of the Code of Virginia to assure and protect the legal and human rights of individuals receiving services in facilities or programs operated, licensed or funded by the Department.

The mission of the Office of Human Rights is to monitor compliance with the Human Rights Regulations by promoting the basic precepts of human dignity, advocating for the rights of persons with disabilities in our service delivery systems, and managing the DMHMRSAS Human Rights dispute resolution program.

## **STRUCTURE**

The Office of Human Rights is located within the Department of Mental Health, Mental Retardation and Substance Abuse Services. The State Human Rights Director who reports to the Commissioner supervises the program. The State Human Rights Director oversees statewide human rights activities and provides guidance and direction to human rights staff.

The **State Human Rights Committee** consists of nine volunteers, who are broadly representative of various professional and consumer groups and geographic areas of the State. Appointed by the State Board, the SHRC acts as an independent body to oversee the implementation of the human rights program. Its duties include to: receive, coordinate and make recommendations for revisions; review the scope and content of training programs; monitor and evaluate the implementation and enforcement of the regulations; hear and render decisions on appeals from complaints heard but not resolved at the LHRC level; review and approve human rights plans and requests for variances to the Regulation, and appoint LHRC members.

The **Local Human Rights Committees** are committees of community volunteers who are broadly representative of various professional and consumer interests whose responsibility is to serve an oversight function for the facility/program for which it was appointed. LHRCs play a vital role in the Department's human rights program, serving as an external component of the human rights system. LHRCs review client complaints not resolved at the program level; review and make recommendations concerning variances to the regulations; review program policies, procedures and practices and make recommendations for change; conduct investigations; and review restrictive programming.

**Advocates** represent consumers whose rights are alleged to have been violated and perform other duties for the purpose of preventing rights violations. Each state facility has at least one advocate assigned, with regional advocates located throughout the State who provide a similar function for clients in community programs. The Commissioner in consultation with the State Human Rights Director appoints advocates. Their duties include investigating complaints, examining conditions which impact client rights and monitoring compliance with the human rights regulations.

## **STATE HUMAN RIGHTS COMMITTEE MEMBERS**

### **James Harper Chair**

Mr. Harper is employed as a Counselor Shift Supervisor at the Woods Program--A wilderness experiential education program ran by the Va Baptist Children's Home. He is currently a graduate student with the Old Dominion University Special Education Program. Mr. Harper was appointed on July 1, 1996. He also serves as a Program Facilitator for the Fatherhood Involvement Project, which is a grant program of the Virginia Fatherhood Campaign. Additionally, Mr. Harper is a fireman/EMT with the Natural Bridge Volunteer Fire Department serving as the EMS Coordinator and is a certified VA Supreme Court Mediator. Mr. Harper has served as a member of the Mt. Rogers Local Human Rights Committee. Mr. Harper resides in Natural Bridge, Virginia.

### **James Briggs Vice-Chair**

James Briggs is the Manager of the Client's Rights Program for the Virginia Department of Corrections (DOC). He was appointed on July 1, 1998. Mr. Briggs is a former member of Central State Hospital's Local Human Rights Committee. He has been a counselor in the past, and has 20 years experience working for the rights of those in a DOC facility. Mr. Briggs resides in Chester.

### **Delores Archer**

Ms. Archer is a Program Manager for Intake and Referral Services for the Department of Psychiatry at the Medical College of Virginia. She was appointed on July 1, 1995. Ms. Archer is a former clinical social worker. Ms. Archer resides in Henrico County, Virginia.

### **Dr. Ronald Forbes**

Dr. Forbes is currently practicing psychiatry in the Richmond and Petersburg areas. He was appointed on July 1, 2000. As the former Medical Director of DMHMRSAS, he is familiar with the state mental health system. Dr. Forbes is a past member of the Chesterfield Local Human Rights Committee. Dr. Forbes resides in Richmond.

### **Carol Gittman**

Ms. Gittman is retired from Fort Lee where she worked as a Supervisory Management Analyst. She was appointed on July 1, 1997. She was a former member of Central State Hospital's Local Human Right Committee. Ms. Gittman has participated in a Bipolar Disorder study conducted by the Psychiatric Institute of New York at Columbia University. Ms. Gittman resides in Dinwiddie County, Virginia.

### **Peter McIntosh**



Mr. McIntosh is an Associate with the law firm of Michie, Hamlett, Lowry, Tweel and Rasmussen. He was appointed on July 1, 1997. Mr. McIntosh is a former member and Chair of the Region Ten Community Services Board's Local Human Rights Committee and former Vice Chair of the SHRC. Mr. McIntosh resides in Charlottesville, Virginia.

### **Loretta Redelman**

Ms. Redelman is a Retired Dental Hygienist. She was appointed on July 1, 1996. She has extensive experience working with persons with mental retardation, having been employed at the Dental Clinic of the Northern Virginia Training Center (1978-1988). She is a former member of the Northern Virginia Training Center's Local Human Rights Committee and former Chair of the SHRC. Ms. Redelman resides in Fairfax, Virginia.

### **Carol Taaffe**

Ms. Taaffe is a Registered Nurse and Assistant Administrator at Maryview Medical Center Portsmouth. She was appointed on July 1, 1995. She is a member of the American Nursing Association and has served as a member of the Barry Robinson Center Local Human Rights Committee in addition to having been a Vice Chair of the SHRC. Ms. Taaffe resides in Norfolk, Virginia.

### **JoAnn M. Thomas-Wilson, Ph.D.**

Dr. Thomas-Wilson is a clinical psychologist in private practice. She was appointed on July 1, 1995. She is the former Director of Psychological Services and the Students with Disabilities programs for Virginia State University. She is also a former member of the Special Education Advisory Board, a former member and Chair of the Central State Hospital's Local Human Rights Committee and has served as Chair of the SHRC. Dr. Thomas-Wilson resides in Richmond, Virginia.

## **OFFICER APPOINTMENTS/MEMBERSHIP CHANGES**

Effective July 1, 2000

James Harper, Chair  
Jim Briggs, Vice-chair

Dr. Ronald Forbes was appointed to fill the vacancy of former chair Dr. John Buckman who rotated off the Committee after a total of 10 years of service on June 30, 2000.

## **STATE HUMAN RIGHTS COMMITTEE ACTIVITIES**

- **Human Rights Plans**

Human Rights Plans and Plan Modifications were approved for the following **87** providers:

Adolescent and Family Growth Center  
Agapé Counseling And Therapeutic Services Program  
Augusta Health Care Outpatient Behavioral Health Services  
Blue Ridge Community Services  
Bridging the Gaps, P.C.  
C & B Loving Care Services, LLC  
C.C. and Associates  
C.H.O.I.C.E., Inc  
Carlisle Residential Facility  
CCD, Inc  
Central Virginia Community Services  
Child and Family Healing House  
Child and Family Services  
Clean, Inc  
Creative Family Solutions, Inc  
Cross Roads Point, Inc  
Danville Regional Medical Center  
DePaul Family Services Modification  
Dominion Hospital Partial Hospitalization Program  
Dominion Youth Services Inc / Horizon House  
E.V. Hanna And Associates, Incorporated  
E'sterling Community Services  
Endeavor House of First Home Care, Inc  
Enduring Hearts, LLC  
Family and Youth Outreach Services, Inc  
Family First, Inc  
Family Love Training Home Adult Ministry  
Family Net Home-Based Family Services  
Family Services of Tidewater, Inc  
First Home Care, Inc.  
Good Life Corporation  
Goodwill Industries of the Valleys, Inc  
Hampton / Newport News Community Services Board  
Hand 'N Heart  
Hand 'n Heart LLC  
Healthy Transitions  
Hope & Jay's Residential Group Home  
Hope Haven

In-Sync Child and Family Services  
J and D Residential Services, Incorporated  
JaCee, Incorporated  
Jackson Feild Homes  
Jay And Tee Adult Resident Care Estate  
Jaz – Maree  
L & C Vision  
Langhorne Family Care  
Middle Peninsula / Northern Neck Community Services Board  
Minnie's Youth Palace / Rainbow Village  
Mount Rogers Community Mental Health And Mental Retardation Services Board  
My Brother's Keeper, Inc  
New Life Health Care  
New Life Programs  
New River Valley Community Services Board  
Northern Virginia Counseling Group Inc  
Northwestern Human Services of Virginia  
On Our Own  
Open Arms Haven  
Open Arms, LLC  
Phoenix – N – Peace, Inc  
Pony Express Services, LLC  
Prince William Family Counseling, P.C.  
Pryor House  
Qibla' Direction Services, Inc  
Quality Community Supports  
R&S Helping Hands  
R.C. Right Home  
Rehobeth Residence  
Residential Care  
Residential Treatment Program of MCV Hospitals, Virginia Treatment Center for Children  
Rites of Passage Enhanced, Inc  
Saint Mary's Family Center  
Sharp's Family Group Home  
Shenandoah Memorial Hospital  
Silver Lining, Inc  
Somerset Home  
Somerville Youth Services  
The Arc of Central Virginia  
The Brown School of Virginia  
The Children's Center  
The Comforter House, Inc  
The Recovery Center of Northern Virginia  
Tranquility Manor Residential Services  
Twin County Regional Healthcare Behavioral Health Services  
Virginia Amicable Support Center  
Virginia Independent Training Organization, Inc (Vito)  
Virginia Treatment Center for Children

Warren County Workshop, Inc

- **LHRC Bylaws**

LHRC Bylaws and Bylaw revisions were approved for the following **12** providers:

Blue Ridge Community Services Amendments  
Chesapeake Medical Institute LHRC  
Fairfax-Falls Church CSB  
Hampton/Newport News Community Services Board  
Middle Peninsula/Northern Neck Community Services Board  
New River Valley Community Services Amendments  
NOVA Regional LHRC  
Piedmont Community Services  
Prince William County CSB  
Southwest Regional Human Rights Committee  
Southwestern VA Mental Health Institute  
Western State Hospital

- **Variances**

Variances were approved for the following **5** providers:

Danville Regional Medical Center Behavioral Health Services  
The Barry Robinson Center  
The Pines Kempsville Campus Residential Treatment Unit at Norfolk Psychiatric Center  
The Pines Residential Treatment Center (Brighton And Crawford Campuses)  
Virginia Treatment Center for Children

- **Meetings**

In 2000 the State Human Rights Committee held the following meetings:

January 21	Central Office Richmond, VA (canceled due to inclement weather)
March 8 & 9	Central Office Richmond, VA
April 27 & 28	Prince William County Government Center Woodbridge, VA
June 2	Blue Ridge Community Services Board Roanoke, VA
July 14	Meadowcreek Center Charlottesville, VA
September 8	The McNulty Center Harrisonburg, VA
October 20	Eastern State Hospital Williamsburg, VA

December 8

Central Office  
Richmond, VA

Meeting at various facilities and programs throughout the state provides the Committee with first hand knowledge and familiarity with the kinds of services available to clients and the settings within which services are provided. However, meetings are frequently held at other locations to accommodate hearings or when the agenda dictates the need to schedule meetings in the Central Office.

- **Case Reviews**

Making decisions regarding client appeals is among the most challenging and important tasks for the SHRC. Eight cases were brought before the State Human Rights Committee on appeal in 2000. Each case provided the consumer with an additional opportunity to be heard regarding their human rights complaint. These appeals are the culmination of the human rights process and the decisions rendered by the SHRC provide guidance to LHRCs, facilities and programs across the state. Issues addressed in decisions rendered by the SHRC this past year included:

- \* right to protection from harm, abuse and exploitation
- \* right to attend or refuse to attend any religious service
- \* right to confidentiality
- \* right to treatment with dignity
- \* right to informed consent
- \* right to treatment in least restrictive environment

Of particular importance during 2000 was the increase in the number of appeals of cases from LHRCs serving consumers in community programs. The SHRC heard 3 cases from community programs and provided a voice to consumer for issues such as consumer rights during the process of emergency detention (TDO) and quality of care in outpatient emergency services programs.

- **Other Activities**

A central function of the SHRC is to identify human rights issues throughout the service delivery system and make recommendations to the appropriate entities. This past year the SHRC made a recommendation to the Commissioner for changes regarding the “Security Measures for Transportation and Special Hospitalization of Forensic Patients Housed in Secure Programs.” A memorandum was sent to the Abuse and Neglect Work Group identifying suggestions for improvement of the new Abuse and Neglect Investigation procedure. The SHRC provided guidance to the Facility Directors and Community Service Board Executive Directors regarding the recruitment and support of Local Human Rights Committee members and the importance of program affiliations with LHRCs. The SHRC, with guidance from the Office of the Attorney General, provided guidance to LHRCs regarding the Freedom of Information Act and how the act affects LHRC hearings.

The SHRC began a new procedure of conducting an administrative meeting beginning at 8:00 prior to the start of the formal SHRC meeting at 10:00. Every other administrative meeting will be an “Advocates Forum” where the advocates and SHRC can dialogue about issues of importance. The hope is to improve the relationship and understanding among the advocates and SHRC members. The

ultimate goal of improving these relationships and providing regular time for administrative activities is to better serve and protect consumers.

The SHRC held an Administrative Retreat on August 25-27<sup>th</sup> in Natural Bridge, Virginia. Guidance was provided as a result of this meeting in the following areas: Human Rights Plans model language, Human Rights Plans Critical Issue check off list, Human Rights Plan Signature sheet, Description of Human Rights Plan process for inclusion with the model language to be sent to new programs, revision of the LHRC Membership Guidelines, SHRC meeting operating procedures and process, Freedom of Information (FOI) issues for LHRCs, Access to LHRC for new programs, and definition of Protective Devices for use in Human Rights Plans.

## **OFFICE OF HUMAN RIGHTS PROGRAM HIGHLIGHTS**

**STAFFING** -A sixth region was established with the establishment of a regional office at CVTC. The sixth region encompasses the area from Lynchburg south and west through Danville including Piedmont, CVTC and SWVMHI. A new licensing specialist position will also be added to the regional office. Staff changes during the year included the retirement of Vernon Browning long time advocate at WSH and the hiring of Margaret Walsh, SHRD, David Lardy, SVMHI advocate, and Angela Harrison and Karen Harrison, executive secretaries at WSH and ESH. Additionally, Randy Urgo was promoted to fill the position left vacant upon Mr. Browning's retirement, and Sherry Miles was reallocated to the new Regional Advocate position. The Office of Human Rights Directory/Roster and OHR Regions can be found in **Appendix I**.

The continued reduction in the census of the state facilities has provided the opportunity for the OHR to reallocate resources to address the shift in service provisions in the state. This shift has involved the development of an increasing number of community based service providers. The establishment of the new sixth region with a regional advocate and licensing specialist was in response to the increasing number of community providers in that part of the state. Each of these new service providers must develop a Human Rights Plan and become affiliated with a LHRC to receive a license from the Department. The OHR has addressed this also by utilizing some facility advocates to provide services to community programs in addition to their facility responsibilities. This approach strengths both the community and facility programs by providing continuity of care and an increased emphasis on discharge planning and service development. The OHR intends to cross train all staff in providing advocacy services to consumers in both facilities and communities. This will enable the OHR staff to provide services to the consumer wherever they receive services and not be bound by the constraints of bricks and mortar.

**OFFICE OF LICENSING/OFFICE OF HUMAN RIGHTS**-This past year saw unprecedented cooperation and collaboration between the OHR and the Office of Licensing. These efforts were prompted by § 37.84.1 (A) 10, § 37.1-179 and § 37.1-185.1 of the **Code of Virginia**. These sections of the code require providers to be in compliance with the human rights regulations in order to become licensed by the Department and require each provider to undergo periodic human rights reviews. The code also establishes human rights enforcement and sanctions which provides consequences for providers for failure to comply with human rights regulations. The OHR and OL worked together to establish protocol for reporting requirements based on the code and collaborated on the development of an application package for potential providers that emphasized the relationship between human rights and licensing.

The OHR and OL continue to collaborate in the development of a protocol to clarify the relationship between the OL and the OHR in the area of abuse and neglect investigations. The goal is to establish a model for investigations which is consistent and most importantly provides the maximum protection for consumers.

**NEW HUMAN RIGHTS REGULATIONS**-The proposed Human Rights Regulations were published for public comment from December 4, 2000 until February 4, 2001. Approximately 190 individuals attended one of the six public hearings that were held during December and January. Members of the State Board chaired each of the six hearings. Approximately 48 individuals spoke during the hearings and comments have been received from over 130 individuals or groups.

### HUMAN RIGHTS REGULATIONS TRAINING AND IMPLEMENTATION ADVISORY TEAM-

An advisory team of stakeholders has been assembled to provide consultation to the Office of Human Rights on the development of the training and implementation plan for the Human Rights Regulations.

CHRIS (Comprehensive Human Rights Information System)-The CHRIS system has been revised and is operating successfully in the state facilities. Training for CSB staff was conducted during the last year prior to the dissemination of the CHRIS software. The use of the CHRIS system by the CSBs is limited to date. Due to the problems expressed by the CSBs with the use of CHRIS the OHR and representatives from the CSBs will develop an additional training program to address these issues. The licensed programs will not be brought on line until the problems with the CSBs have been resolved.

HUMAN RIGHTS STUDY- Item #323 N of the FY 2000 Appropriation Act, directed DMHMRSAS to evaluate the number, qualifications, competencies, and service of state facility and regional human rights advocates employed by the Department. The purpose of the evaluation is to ensure that each consumer in a state facility or community program has sufficient access, in terms of timeliness, geography, cultural competence, and community modalities, to a knowledgeable and skilled advocate. The report is included in **Appendix II**.

1-800 phone numbers were established at each Regional Advocate office. Additionally, each Regional Advocate was provided a cell phone. Both of these efforts were initiated to improve the accessibility of the advocates

REGIONAL LHRC TRAINING - Human Rights Staff devoted many hours to providing training for local human rights committee members and sessions were conducted throughout the various regions. Advocates also conducted training for facility and program staff and clients.

TRAINING AND STAFF DEVELOPMENT-Quarterly Advocate meetings were held at WSH on 2/28 and 2/29, in Richmond on 6/29 and 6/30, at ESH on 9/28 and 9/29 and in Richmond on 12/18 and 12/19. The training was geared toward enhancing staff ability to effectively advocate for their clients. These meetings also served to keep staff informed of relevant policy and legislative changes. Guest presenters and staff of the Office of Human Rights provided the training. Staff from the Commissioners office regularly participated in these meetings.

ABUSE RELATED INITIATIVES- Office of Human Rights staff have been involved in several initiatives relative to abuse and neglect. These efforts include collaborating with the Office of Licensing in efforts to develop an inter-office protocol for investigations and the clarification of roles during the investigation of allegations of abuse or neglect. A joint meeting with staff from both offices was held to clarify the role of OHR and OL staff in Abuse and Neglect investigations and to establish the framework for the development of the Human Rights monitoring process. The new Abuse and Neglect investigation process in facilities as guided by Departmental Instruction 201 is also under review. OHR staff have served on committees and provided comment on the improvement of this system.



PROJECTED ACTIVITIES FOR 2001-The primary goal for the Office of Human Rights for the year 2001 is to provide quality advocacy services to consumers in programs operated, funded and licensed by the Department. This is always the central function of the OHR and all other goals and activities support this goal. Major projected activities for the Office of Human Rights for the year 2001 are as follows:

1. The promulgation of new human rights regulations
2. Training and Implementation activities based on the new regulations
3. Clarification and coordination between OHR and OL staff in abuse and neglect investigations
4. Identification of options to improve the system and availability of alternative decision makers
5. Increasing accountability and consistency in the provision of advocacy services

### **LOCAL HUMAN RIGHTS COMMITTEES**

Local Human Rights Committees continue to monitor the activities of facilities and community programs in assuring protection of clients' rights. The volunteers who serve on these committees lend their time and expertise to ensure compliance with the Rules and Regulations. Committee members are appointed by the State Human Rights Committee and are eligible to serve two three-year terms. A listing of all 51 LHRCs and their program affiliates can be found in **Appendix III**.

All committees meet at least quarterly, with many meeting on a monthly basis. Local Human Rights Committees activities include:

- reviewing complaints filed on behalf of clients;
- developing Bylaws;
- reviewing Variance requests;
- conducting fact-finding Conferences;
- reviewing restrictive programs; and
- consulting with the State Human Rights Director in hiring of Human Rights Staff.

## **ADVOCATES ACTIVITIES**

During the year, human rights staff was involved in numerous activities to ensure and protect the rights of consumers. These activities included:

- Educating consumers, families, staff and Local Human Rights Committees on the rights of consumers;
- Monitoring compliance with the Rules and Regulations;
- Assisting consumers in presenting and resolving complaints;
- Assisting in developing and amending various human rights plans and programs;
- Providing statewide training to staff and LHRCs; and
- Providing consultation to consumers, program staff, LHRCs, advocacy and community groups on the human rights program.
- The regional advocates provide advocacy services to community services boards and licensed programs in their assigned service areas. They also provide supervision to the facility advocates in that area.

## **SUMMARY OF COMMUNITY PROGRAM ABUSE /NEGLECT and COMPLAINT ALLEGATIONS**

The following four graphs reflect statistics on abuse/neglect allegations/substantiation and human rights complaints from community programs from the year 2001. This information is reported to the Regional Advocates from the Community Service Boards (CSB) and private providers.

- There were a total of 823 human rights complaints as reported to Regional Advocates.
- There were a total of 1029 allegations of abuse and/or neglect as reported to Regional Advocates.
- There were a total of 153 substantiated cases of abuse and or neglect as reported to Regional Advocates.

There is considerable discrepancy in the numbers among the regions. One possible explanation for the discrepancy is the different reporting expectations of the Regional Advocates. Another potential explanation is the different reporting practices of the CSBs and private providers. The Office of Human Rights (OHR) plans to address these discrepancies in the following manner:

- OHR staff will clarify reporting expectations and will clarify the definitions that impact such reporting. The definition creating the most difficulty is that of complaint however staff must be consistent in their approach to abuse and neglect also.
- Regional Advocates will further refine these definitions and the development of uniform/consistent reporting expectations and practices.
- A Computerized Human Rights Information System (CHRIS) workgroup consisting of OHR staff and CSB staff will meet to refine the CHRIS training manual and develop another training program on CHRIS for CSBs. Central to this training will be the definitions and reporting expectations.
- OHR and Office of Licensing will work to clarify the roles of each office in abuse and neglect investigations. A new protocol for both offices will be finalized and implemented. This protocol establishes a process for determining roles and communication expectations during investigations of abuse and neglect in community programs.

**Insert graphs**

## **SUMMARY OF STATE FACILITY**

### **HUMAN RIGHTS COMPLAINTS and ABUSE/NEGELCT ALLEGATIONS**

(Data source is CHRIS)

- There were a total of 1863 complaints received from consumers in facilities.
- 94% of the facility complaints were resolved at the Directors level or below. Six human rights complaints of consumers in a state facility were heard on appeal at both the LHRC and SHRC level.
- There were a total of 596 allegations of abuse/neglect in the state facilities.
- 22 facility employees were terminated for abuse or neglect in 2000.
- 14 facility employees resigned as a result of receiving an allegation of abuse or neglect
- 9.3% of facility abuse/neglect allegations were substantiated in 2000.

<b>Facility</b>	<b>Abuse #Allegations/ #Substantiated</b>	<b>Complaints</b>
Catawba	46/1	242
Central State	122/11	202
CVTC	28/4	244
Dejarnette	22/2	47
Eastern State	148/20	253
Hiram Davis	5/0	1
NVMHI	4/0	54
NVTC	13/3	41
Piedmont	5/0	137
SEVTC	36/2	16
SVMHI	12/2	49
SSVTC	33/5	13
SWVMHI	46/1	201
SWVTC	32/2	16
Western State	45/3	343
<b>Totals</b>	<b>596/56</b>	<b>1863</b>

Abuse and Neglect data for the state facilities for the years 1990-2000 is displayed in the following graphs.

# APPENDIX

## I

OFFICE OF HUMAN RIGHTS ROSTER  
OFFICE OF HUMAN RIGHTS REGIONS

# APPENDIX

## III

### LOCAL HUMAN RIGHTS COMMITTEES AND AFFILIATIONS

# APPENDIX

## II

HOUSE DOCUMENT NO. 21

**EVALUATING THE HUMAN RIGHTS ADVOCATES IN STATE FACILITIES  
AND COMMUNITY PROGRAMS**











